



APPLICATION FOR USE OF FACILITIES AND EQUIPMENT

- 1) Today's Date _____
- 2) Organization _____
- 3) Applicant Name _____
- 4) Address _____
- 5) Phone _____
- 6) E-Mail _____
- 7) Person in Charge (if other than applicant)
Name _____
Phone _____

- 8) Activity Type _____
- 9) Date(s) of Use _____
- 10) Time Rental Begins _____ Time Rental Ends _____
- 11) Time event is open to guests or public _____
- 12) Is room setup needed? YES ☐ NO ☐

If yes, please provide a diagram or detail needs here.

- 13) Number of people expected? Min. _____ Max. _____
- 14) Is organization a civic or community organization? YES ☐ NO ☐
- 15) Does user collect fees? YES ☐ NO ☐
Admissions: Adults \$ _____ Youth \$ _____
- 16) Proceeds will be used for? _____
- 17) Will food and beverages be served? YES ☐ NO ☐
Requests for alcohol can only be made by residents and only for the Cherry Hill Shelter. A written request must accompany the application and is subject to the Director's approval. An ABC License is required.

18) Space Requested

- | | |
|--|---|
| <input type="checkbox"/> Art Room | <input type="checkbox"/> Half Gym |
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Full Gym |
| <input type="checkbox"/> Senior Center 1 (Left) | <input type="checkbox"/> Cherry Hill Shelter |
| <input type="checkbox"/> Senior Center 2 (Right) | <input type="checkbox"/> Roberts Park Shelter |
| <input type="checkbox"/> Full Senior Center | <input type="checkbox"/> Madison Park Shelter |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Berman Park Shelter |
| <input type="checkbox"/> U " h | |

The Teen Center is only rented as part of the Party Package (3 hours total; R: \$100, NR:\$200) and the half-gym can be rented as part of a Party Package with another room (3 hours total with 1 of those hours in the gym; R: \$90, NR: \$180).

19) Equipment Requested: (enter quantity where applicable)

- | | |
|--|---|
| <input type="checkbox"/> Tables _____ | <input type="checkbox"/> TV/DVD _____ |
| <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Coffee Pot _____ |
| <input type="checkbox"/> Podium _____ | <input type="checkbox"/> Microphone _____ |
| <input type="checkbox"/> Other (Specify) _____ | |

* Cherry Hill Farmhouse and Barn reservation requests must be applied for separately through the Cherry Hill Farmhouse coordinator at 703-248-5171. More information about the Farmhouse and Barn can be found at www.fallschurchva.gov/cherryhillfarmhouse.

* Security Deposit will be fully refunded at the end of the reservation if the space is left in the same condition as it was found.

The undersigned certifies that he/she is familiar with the Falls Church Recreation & Parks Department policies and regulations as stated on the accompanying pages of the agreement, and that these shall be enforced as well as honored by the using group. The undersigned further certifies that he/she is the authorized representative to act for and accept the responsibility for the organization.

Signature of Representative

PERMIT NOT TRANSFERABLE

FOR OFFICE USE ONLY

- Type of Rental: ☐ Civic-Resident ☐ Civic Non-Resident
☐ Private Resident ☐ Private Non-Resident
☐ For-Profit City ☐ For-Profit Non-City

Total Balance \$ _____

Space Assigned _____

Room Rental Fee:

No. of Hours _____ No. of Meetings _____
Rate for first hour _____ Rate for each additional hour _____
Total _____

Personnel Fees:

Supervisory: No. of Hours _____ Hourly Rate _____
Custodial: No. of Hours _____ Hourly Rate _____
Total _____
Other Fees _____
Total Amount \$ _____
Security Deposit \$ _____

RECREATION & PARKS DEPARTMENT

APPROVED ☐ DENIED ☐

Director of Recreation & Parks

Comments _____